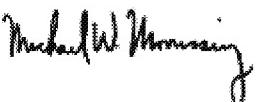


<input type="checkbox"/> SUMMONS FOR WITNESS	DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: <input type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> JURY <input type="checkbox"/> PROBATION VIOLATION HEARING		NAME AND ADDRESS OF COURT DIVISION Quincy District Court One Dennis F. Ryan Parkway Quincy, MA 02169	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT Commonwealth vs. [REDACTED]		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN	
		DATE AND TIME OF APPEARANCE at 10/17/11 AT 8:45 A.M.	
		DATE	TIME
NAME, ADDRESS AND ZIP CODE OF WITNESS Sonja Farak Executive Office of Health and Human Services Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, MA 02130		OFFENSE(S) Distribution of Class E Drug Distribution of Class D Drug	
TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness. <small>NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.</small>			
To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you: Any and all evidence regarding drug certifications [REDACTED] in the matter of Defendant [REDACTED]. Please also bring your CV or resume. Thank you.			
WITNESS:	 Michael W. Morrissey, District Attorney		DATE OF ISSUE
			November 15, 2016
RETURN OF SERVICE			
I hereby certify that I served the within summons upon the above named Defendant Witness by			
<input type="checkbox"/> Delivering a copy of it personally to the defendant or witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. <input type="checkbox"/> Mailing a copy of it to the last known address of the defendant or witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service			
DATE RECEIVED _____			
because: _____			
DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE	
9/29/11		Assistant District Attorney	